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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | Docket Number: 119508-00281 |
| Serial Number: 10/525,418 | Confirmation Number: 5069 | Filed: March 25, 2005 |
| Inventor(s): Lutz Axel MAY et al. | | |
| For: TORQUE SIGNAL ADAPTER | | |
| Art Unit: 2834 | | Examiner: TBD |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. | | |
| The requested extension and fees are as follows (check time period desired and enter the appropriate fee below): | | |
| | <u>Fee</u> | <u>Small Entity Fee</u> |
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$120 | \$60 \$ <u>120.00</u> |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 \$ _____ |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510 \$ _____ |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1590 | \$795 \$ _____ |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 \$ _____ |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. | | |
| <input checked="" type="checkbox"/> A check in the amount of the fee is enclosed. | | |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>23-2185</u> | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | |
| I am the <input type="checkbox"/> applicant/inventor. | | |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96) | | |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>48,443</u> | | |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____ | | |
| Blank Rome LLP 600 New Hampshire Avenue, N.W. Washington, DC 20037 Tel: (202) 772-5800 Fax: (202) 572-8398 Customer No.: 27557 | | |
| Respectfully submitted,  Brian Wm. Higgins | | |
| Date: May 10, 2006 | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | |
| <input type="checkbox"/> Total _____ forms are submitted. | | |

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